



BOARD OF COMMISSIONERS

1 S. Main St., 9th Floor
Mount Clemens, Michigan 48043
586-469-5125 FAX 586-469-5993
macombcountymi.gov/boardofcommissioners

FINANCE COMMITTEE

WEDNESDAY, FEBRUARY 13, 2008

AGENDA

1. Call to Order
2. Pledge of Allegiance
3. Adoption of Agenda, **AS AMENDED, TO INCLUDE #8C AND SIX ADDITIONAL TRAVEL REQUESTS**
4. Public Participation
5. List of Bills as Prepared by the Finance Department (mailed)
6. Review Addendum to Living Wage Policy (attached)
7. Approve Request for Proposals for Dependent Eligibility Audit (mailed)
8. Recommendations from 2-4-08 Meeting of the Ad Hoc Committee to Review Applications for Exemption from Living Wage Policy:
 - a) Authorize Exemptions (mailed)
 - b) Review Four Remaining Providers (referred to Finance) (mailed)
 - c) Review Two Additional Providers (Natural Freedom, Inc. & Expert Care) (attached)
9. Appointments of Law Firms (mailed)
10. Adopt Resolution Proclaiming Week of April 13, 2008 as National Contract Management Association Week in Macomb County (offered by Board Chair)
11. Travel Requests: (mailed)
 - a) Board of Commissioners (one) (attached)
 - b) Community Services (one)
 - c) Dept. of Human Services (one) (attached)
 - d) MSU Extension (two)
 - e) Planning (two) (out of country requires a two-thirds vote)
 - f) Public Affairs (three) (attached)
 - g) Sheriff (three) (four) (attached)(back-up information for travel requests is on file in Board Office)
12. New Business
13. Public Participation
14. Adjournment

MACOMB COUNTY BOARD OF COMMISSIONERS

William A. Crouchman
District 23
Chairman

Dana Camphous-Peterson
District 18
Vice-Chair

Leonard Haggerty
District 21
Sergeant-At-Arms

Andrey Duzyj - District 1
Marvin E. Sauger - District 2
Phillip A. DiMaria - District 3
Jon M. Switalski - District 4
Susan L. Doherty - District 5

Joan Flynn - District 6
Sue Rocca - District 7
David Flynn - District 8
Robert Mijac - District 9
Philis DeSaele - District 10

Ed Szczepanski - District 11
Peter J. Lund - District 12
Don Brown - District 13
Brian Brdak - District 14
Keith Rengert - District 15

Carey Torrice - District 16
Ed Bruley - District 17
Paul Gielegghem - District 19
Kathy Tocco - District 20

Betty Slinde - District 22
Sarah Roberts - District 24
Kathy D. Vosburg - District 25
Leon Drolet - District 26

RESOLUTION NO. _____ FULL BOARD MEETING DATE: _____

AGENDA ITEM: _____

MACOMB COUNTY, MICHIGAN

RESOLUTION TO Approve List of Bills as Prepared and Provided under Separate Cover by the
Finance Department

INTRODUCED BY: Betty Slinde, Chair, Finance Committee

COMMITTEE/MEETING DATE

Finance 2-13-08

RECYCLABLE PAPER

2/12/2008

MACOMB COUNTY BOARD OF COMMISSIONERS POLICY REGARDING A LIVING WAGE

The Macomb County Board of Commissioners hereby adopts the following policy to provide a "living wage" to the working people of Macomb County.

Section 1. Purpose; application; exclusions.

The purpose of this policy is to improve the lives of working people and their families by requiring the County of Macomb, its Boards and Commissions, and Employers that contract with the County of Macomb to pay their Employees a wage sufficient to meet basic subsistence needs, defined herein as a living wage.

Section 2. Definitions.

For purpose of this policy, the following terms and phrases shall be defined as follows:

Auditor shall mean the Compliance Auditor as set forth in Section 4.

Contract shall mean a contract or contracts for the performance of services, including the subcontracting of services, where the total expenditure for such contract or contracts exceeds \$50,000.00 for any twelve (12) month period **or more than 25% of the provided services is attributable to Macomb County**; however, contracts for the purchase of goods and contracts to lease or purchase property are excluded.

Contractor shall mean a person who enters into a Contract with the County of Macomb or it's Boards and Commissions for services.

County shall mean the County of Macomb.

Employer shall mean the person who engages employees to provide labor in exchange for payment of wages or salary.

Employee shall mean an individual who is employed by another to provide labor in exchange for payment of wages or salary and who normally is required to work in excess of 37.5 hours per week.

Part-time Employee shall mean an individual who is employed by another to provide labor in exchange for payment of wages or salary and who normally is required to work less than 37.5 hours per week.

Federal Poverty Level shall mean the official Poverty Level defined by the Office of Management and Budget based on Bureau of Census data for a family of four (4), as adjusted to reflect the percentage change in the Consumer Price Index for All Urban Customers.

2/12/2008

Health Care Benefits means providing health care benefits for employees (or employees and their dependents) paid at the employer expense, either wholly or in part.

Living Wage shall mean an hourly wage rate, which on an annual basis (based on forty hours per week, fifty weeks per year) is equivalent to either of the following:

- (a) one hundred and twenty five percent (125%) of the Federal Poverty Level; or
- (b) one hundred percent (100%) of the Federal Poverty Level, if Health Care Benefits are provided to the Employee.

Person shall include firms, joint ventures, partnerships, corporations, clubs, and all associations or organizations of natural persons, either incorporated or unincorporated, however operating or named, and whether acting by themselves or by a servant, agent or fiduciary, and includes all legal representatives, heirs, successors and assigns thereof.

Section 3. Payment of Living Wage.

The County shall not enter into any Contract for services with any Contractor who does not demonstrate that it pays its work force a Living Wage. The Contractor shall be required to maintain this rate of pay for the duration of the Contract period.

Section 4. Adjustments in the Federal Poverty Level. Notice.

The Compliance Auditor, who shall be the County Finance Director or other employee designated by the Board of Commissioners or Finance Director shall monitor the Federal Poverty Level and shall notify all Contractors of any adjustment in the Federal Poverty Level. The Auditor shall require all Contractors to annually demonstrate compliance with the requirements contained in section 3. In addition, any Contractor who is required to pay its Employees a Living Wage under section 3 shall post a notice of such requirement in the work place during the Contract period. The notice shall also state that if the Contractor has failed to comply with the requirement of section 3, an Employee may file a notice of non-compliance upon the Auditor. All County agencies shall be provided with standard notices, which set forth the requirements of this policy for inclusion in the solicitation of proposals, bids or applications for County contracts. Agencies shall include said notices in their RFP's, RFQ's, specifications, application materials, notices of funding availability, notices inviting bids or any other solicitations for contracts.

Section 5. Notice of non-compliance.

Any person who believes the Contractor has failed to comply with this policy shall file a notice with the Auditor, who shall promptly serve it on the Contractor. The Auditor shall notify the Contractor to submit proof of compliance within thirty (30) days, or it shall be grounds for termination of the Contract. The Auditor shall have sixty (60) days to investigate and remedy the complaint. This policy shall not be construed to limit an

Employee's right to bring legal action for violation of any other minimum compensation or wage and hour law.

Section 6. Non-compliance.

In the event the Auditor determines that a Contractor has failed to comply with the provisions of this policy, the failure to rectify the non-compliance within thirty (30) days shall be grounds for the termination of a Contract. A Contractor who violates the Living Wage requirement shall pay to each Employee affected the amount of the deficiency, for each day the violation continues. The County may withhold from Contract payments such amounts as are necessary to effectuate the payments provided in this paragraph.

Section 7. Limitation on bid acceptance.

The County shall not accept any bids or applications or requests for a period of five (5) years from any Contractor, who has failed on two (2) separate occasions to comply with section 3 during the previous five (5) year period.

Section 8. Retaliation Prohibited.

An Employer shall not discharge, demote, or otherwise discriminate or retaliate against an Employee for exercising any rights under this policy, including but not limited to the filing of a complaint. Any Employer who is found to have taken such action against an Employee in violation of this policy shall have its Contract terminated immediately, and such Employer shall be barred from bidding on or entering into any contracts with the County in the future. The Auditor may order the Employer to pay appropriate restitution to the Employee, including back pay, and may withhold such amounts from Contract payments due the Employer as are necessary to make the Employee whole.

Section 9. Exemptions from application of this policy.

The following are exemptions from compliance with this policy:

- (a) All part-time employees.
- (b) High school or college students temporarily employed or enrolled in a student job training program, summer or youth employment program, or work study program, for the period of training or employment in the program not exceeding ninety (90) working days. For all periods of a student's employment in the program exceeding ninety (90) working days, the Employee shall be subject to this policy.
- (c) Contractors who employ ten (10) or fewer Employees on a continuous basis. Continuous basis is defined as employing ten (10) or fewer Employees on each working day in each of the twenty (20) or more calendar weeks in the current or preceding year.

- (d) Individuals housed at the Macomb County Jail, including trustees and/or any persons who are under Court Order to perform community service.
- (e) Macomb County Community Mental Health until June 30, 2006. At that time the exemption will be revisited based upon a report that will determine the actual impact of the policy on Community Mental Health programs.

The County Board of Commissioners may grant a partial or complete exemption from the requirements of this policy if it determines that the application of this policy would cause demonstrated economic harm to an otherwise covered employer ~~that is a non-profit organization~~, and the County Board of Commissioners finds that said harm outweighs the benefits of this policy; provided further that the otherwise covered ~~non-profit~~ employer shall provide a written plan to fully comply with this policy within a period of time, not to exceed three (3) years, and the County Board of Commissioners then agrees that granting a partial or complete exemption is necessary to ameliorate the harm and permit the **employer** ~~non-profit organization~~ sufficient time to reach full compliance with this policy.

Section 10. Recordkeeping.

Contractors shall maintain a listing of the name, address, date of hire, occupation, classification, rate of pay and benefits paid for each of their Employees covered by this policy and shall submit a copy of the list to the Auditor by June 30, and December 31 of each year covered by the Contract. Employers shall maintain payroll records for all Employees and shall preserve them for a period of at least four (4) years. Employers shall permit access to job sites and relevant payroll records for authorized County representatives for the purpose of monitoring compliance with this policy, investigating Employee complaints of non-compliance and evaluating the operation and effects of this policy. An Employer who fails to submit documents, declarations or information required to demonstrate compliance with this policy shall be deemed non-compliant or non-responsive and shall have the Contract payments denied or suspended until compliance is demonstrated.

Section 11. ~~Reporting.~~

~~The Auditor shall submit periodic reports to the County Board of Commissioners, no less frequently than annually, which shall include the following information at a minimum: a listing and the status of all contracts to which this policy applies, including the term, dollar amount and the services performed or assistance provided; a listing of all complaints, hearings, determinations and findings, and a report on compliance with this policy; a report on adjustments to the Living Wage made during the previous reporting period, if any; and a report on any significant administrative problems encountered and recommendations for more efficient and effective administration of the provisions of this policy.~~

2/12/2008

Section 12. Effective Date.

This policy shall be effective as of January 1, 2006.

Criteria for Request for Exemption – Living Wage Policy

- A request for exemption must include:
 - General description of services provided by the agency.
 - How the employees who are affected by the Living Wage Policy are directly involved in the services provided.
 - Financial information for the services affected by the Living Wage Policy, including the annual revenues and expenses for the **most recent year** 2004-2005 and 2005-2006 fiscal years.
 - Impact of the Living Wage Policy on the finances of the agency.
 - Written plan for achieving compliance with the Living Wage Policy.
 - IRS 990 reports for the **most recent year** past three years.
 - A detailed listing indicating the number of employees by title or classification, their current wage rates and whether or not they receive any type of health care benefits.
 - A description of those health or any other fringe benefits offered.
 - A detailed accounting of how services will be impacted.
 - Whether or not employees affected by this have existing union contracts in place and how this would affect those current union contracts with providers.
 - **Any other information that the provider feels is necessary to support its request.**

The Board will address waiver applications no earlier than six months prior to contract expiration and applications should be received at least three months prior to their expiration.

All waiver requests will be submitted to the Board of Commissioners for action before the Finance Committee. Before being placed on the Finance Committee agenda, the requests shall be reviewed by **Board staff** the Finance Department and Corporation Counsel. Waiver requests appearing on the Finance Committee agenda shall contain recommendations from the Finance Department and Corporation Counsel.

RECYCLABLE PAPER

RESOLUTION NO. _____

FULL BOARD MEETING DATE: _____

AGENDA ITEM: _____

MACOMB COUNTY, MICHIGAN

RESOLUTION TO: release the attached RFP for a Dependent Eligibility Audit as prepared by the Human Resources Department.

INTRODUCED BY: Commissioner Betty Slinde, Chair, Finance Committee

See Attachment

COMMITTEE/MEETING DATE:

FINANCE

2-13-08

DRAFT

Request for Proposal – Dependent Eligibility Audit for employee's and retiree's spouse and dependents.

Objective

The purpose of this Request for Proposal (RFP) is to select a vendor to verify eligibility for the employee's and retiree's eligible spouse and dependents to participate in Macomb County health care plans. The scope of the health care plans includes health care fully insured, self funded, PPO, two HMO's, two dental and two optical plans. The goal is to select the vendor who demonstrates itself to be the most capable, thorough and competitively priced.

SUBMISSION PROCEDURES

Date Due: Thursday March 27, 10 a.m. local time.

Proposals will be publicly opened and read.

DELIVER DIRECTLY TO THE 13TH FLOOR PURCHASING DEPARTMENT BY DUE DATE & TIME. NO LATE BIDS ACCEPTED

Mail to: Macomb County Purchasing
Polly A. Helzer, Purchasing Manager
10 N. Main Street – 13th Floor
Mt. Clemens, MI 48043

Return: One (1) original and one (1) copy of the proposal.
Clearly mark on the envelope **SEALED BID ITEM #**
Label all submission envelopes with the company name on the outside.
Complete and return all pages requiring vendor response.

INFORMATION UPDATE

Check for information updates on our web site at www.macombcountymi.gov/purchasing. For direct mailing of updates, submit your email address, fax number, phone number, and Bid Item name and number to: donna.sutherland@macombcountymi.gov.

QUESTIONS

Due: Thursday March 20, 2007, 2 p.m.

Submit to: Email: donna.sutherland@macombcountymi.gov
Fax: 586-469-6612

Questions regarding bid specifications may be directed in writing only, by email or fax. All questions or clarifications must be directed to the Purchasing Department. Any attempt to contact a County department, other than Purchasing, regarding current bids may be grounds for disqualification as a vendor.

ERRORS, OMISSIONS, AND/OR DISCREPANCIES

Bidder shall not be allowed to take advantage of errors, omissions, and/or discrepancies found in these specifications.

RIGHT TO REJECT

The County of Macomb reserves the right to reject any or all bids in whole or in part and to waive any informalities therein, or accept any bid it may deem in the best interest of the County.

Note: Past experience and performance may be a factor in making an award.

TERMINATION

The County of Macomb reserves the right to terminate any award to the bidder for cause without any liability, upon 30 days notice from the manager of Purchasing.

OFFER PERIOD

Bids will remain firm for a period of ninety (90) days after official opening of bids.

SALES AND EXCISE TAXES

The County of Macomb, being a governmental unit, is exempt from sales and federal excise taxes. Our tax I.D. number is 38-6004868. The price is to be net, exclusive of any taxes.

INDEMNIFICATION

Macomb County will not be responsible for injury to contractor's employees, subcontractors, or to third parties caused by the contractor's agents, servants or employees. Therefore, the contractor agrees to incorporate the below hold harmless agreement into the required insurance and to be evidenced by being contained in the certificate of insurance. Further, the below listed indemnification is incorporated and is part of the subject contract.

The contractor agrees to protect, defend, indemnify and hold the County of Macomb and its commissioners, officers, employees and agents free and harmless from and against any and all losses, penalties, damages, settlements, costs, charges, professional fees, or other expenses or liabilities of every kind and character arising out of or relating to any and all claims, legal fees, liens, demands, court costs, obligations, actions, proceedings or causes of action of every kind and character in connection with or arising directly or indirectly out of this agreement and/or the performance hereof. Without limiting the generality of the foregoing, any and all such claims, etc. relating to personal injury, death, damage to property, defects in materials or workmanship, or any actual or alleged violation of any applicable statute, ordinance, administrative order, rule or regulation, or decree of any court, shall be included in the indemnity hereunder.

The contractor further agrees to investigate, handle, respond to, provide defense for and defend any such claims, etc. at his sole expense and agrees to bear all other costs and expenses related hereto, even if it (claims, etc.) is groundless, false or fraudulent. In any case in which this indemnification would violate legal prohibition, the foregoing provision concerning indemnification shall not be construed to identify the County for damage arising out of bodily injury to persons or damage to property caused by or resulting from the sole negligence of the County, its commissioners, officers, employees or agents.

LIVING WAGE POLICY

The County shall not enter into any Contract for services with any Contractor who does not demonstrate that it pays its work force a Living Wage. The Contractor shall be required to maintain this rate of pay for the duration of the Contract period.

Living Wage shall mean an hourly wage rate, which on an annual basis (based on forty hours per week, fifty weeks per year) is equivalent to either of the following:

- (a) one hundred and twenty five percent (125%) of the Federal Poverty Level; or
- (b) one hundred percent (100%) of the Federal Poverty Level, if Health Care Benefits are provided to the Employee.

Contractors shall maintain a listing of the name, address, date of hire, occupation, classification, rate of pay and benefits paid for each of their Employees covered by this policy and shall submit a copy of the list to the Auditor by June 30, and December 31 of each year covered by the Contract. Employers shall maintain payroll records for all Employees and shall preserve them for a period of at least four (4) years. Employers shall permit access to job sites and relevant payroll records for authorized County representatives for the purpose of monitoring compliance with this policy, investigating Employee complaints of non-compliance and evaluating the operation and effects of this policy. An Employer who fails to submit documents, declarations or information required to demonstrate compliance with this policy shall be deemed non-compliant or non-responsive and shall have the Contract payments denied or suspended until compliance is demonstrated.

INSURANCE

COMMERCIAL GENERAL LIABILITY INSURANCE

Shall be written on an occurrence basis with limits of Liability of not less than \$1,000,000 (one million dollars) as combined single limit for each occurrence of bodily injury and personal injury with an annual aggregate of not less than \$2,000,000 (two million dollars). The policy shall include;

- a. Contractual Liability
- b. Products and Completed Operations
- c. Independent Contractors Coverage
- d. Broad Form General Liability Extensions or equivalent

WORKERS' COMPENSATION

Workers' Compensation Insurance meeting Michigan statutory requirements. Employer's Liability Insurance with minimum limits of \$500,000 each accident, \$500,000 bodily injury by disease policy limit, \$500,000 bodily injury by disease each employee.

AUTOMOBILE LIABILITY INSURANCE

Motor Vehicle Liability Insurance including Michigan NO-FAULT Coverage for all vehicles, owned and non-owned, leased and hired used in the performance of this contract with limits of \$1,000,000 (one million dollars) as the combined single limit for each occurrence for bodily injury and property damage.

All certificates of insurance and duplicate policies shall contain the following:

PROFESSIONAL LIABILITY/ERRORS & OMISSIONS

Professional Liability Insurance with minimum limits of \$1,000,000 (one million dollars) each occurrence and \$2,000,000 (two million dollars) aggregate.

The County of Macomb shall be named additional insured on all policies (excluding Worker's Compensation) and the underwriters will have no right of recovery or subrogation against the County of Macomb including its agents, employees, elected and appointed officials and agencies. It being the intention of the parties that the insurance policy so effected will protect both parties in primary coverage for any and all losses covered by the subject policy. The insurance carrier(s) must have an A.M. Best rating of no less than an A-, VII.

The insurance company(s) issuing the policy or policies will have no recourse against the County of Macomb for payment of any premiums or for assessments under any form of policy.

The contractor will assume any and all deductibles in the above any and all deductibles in the above-described insurance policies.

The term "INSURED" is used severally, not collectively, but the inclusion in this policy of more than one insured will not operate to increase the limit of the County's liability.

All certificates are to provide (20) days notice of material change or cancellation. Certificates of insurance must be provided no less than (10) working days before commencement of work to the County of Macomb, Administration Building, One South Main Street, Mt. Clemens, Michigan 48043 Attention: Department of Risk Management.

GENERAL INFORMATION

In further description of this proposal, we desire to submit sheets marked as follows:

Bidding under the name of: _____

Federal Employer Identification Number: _____

which is (check one of the following):

() Corporation, incorporated under the laws of the State of:

() Partnership, consisting of (list partners):

() Assumed Name (Register No.) _____

() Individual _____

AUTHORIZED SIGNATURE: _____

Printed or Typed Name: _____

Title: _____

Address: _____

City, State: _____

Date: _____

Telephone
Number: _____

Fax: _____

Email: _____

.....

WORK REFERENCES

BIDDER'S COMPANY NAME _____

Please list at least three (3) companies or public agencies for which you have done similar work.
Macomb County reserves the right to reject low bids for poor past performance or inadequate references.

NAME OF COMPANY _____

CONTACT PERSON _____

ADDRESS _____

TELEPHONE NO. _____

NAME OF COMPANY

CONTACT PERSON

ADDRESS

TELEPHONE NO.

NAME OF COMPANY

CONTACT PERSON

ADDRESS

TELEPHONE NO.

NAME OF COMPANY

CONTACT PERSON

ADDRESS

TELEPHONE NO.

NAME OF COMPANY

CONTACT PERSON

ADDRESS

TELEPHONE NO.

CHANGES OR ADDITIONS

Any Vendor proposed deviation from the specifications set forth must be clearly pointed out; otherwise, it will be considered that items offered are in strict compliance with these specifications, and successful bidder will be held responsible therefore. Deviations should be explained in detail.

If needed, any portion of this bid may be deleted, changed or added to at the discretion of the County. If this occurs, all vendors will be provided with an addendum. Addenda issued during bidding period shall be acknowledged as having been received and included in the proposal:

Addendum # _____ dated _____

Addendum # _____ dated _____

Addendum # _____ dated _____

Addendum # _____ dated _____

Addendum # _____ dated _____

Addendum # _____ dated _____

Any questions asked during the bid process will be answered and posted to the website. Questions and Answers issued during bidding period shall be acknowledged as having been received and included in the proposal:

Question # _____ dated _____

Question # _____ dated _____

Question # _____ dated _____

Question # _____ dated _____

Question # _____ dated _____

Question # _____ dated _____

Macomb County reserves the right to disqualify submissions, including the right not to award a contract.

Scope of Services

The successful vendor will conduct a re-enrollment of all eligible plan spouse and dependent participants with validation of eligibility. The vendor must demonstrate capability to accept a valid enrollment form with adequate supporting documentation. Upon enrollment, the vendor will validate member dependent eligibility per the terms identified in the plan document, collective bargaining agreements, County policy, county practice and Retiree Medical Plan.

All documents (enrollment application(s), eligibility documentation, etc.) will be imaged and indexed by an identification number (employee and retiree ID number) and provided to Macomb County upon completion of the project. A master eligibility file will be provided to Macomb County in a format acceptable to Human Resources and IT identifying subscriber name and number, dependent(s) name and social security number, respective eligibility dates, benefit plan enrollment including the plan provider.

Vendor enrollment documents must be reviewed and approved by Macomb County prior to distribution. The use of Macomb County letterhead and/or seal, if requested by the vendor, must have prior permission of Macomb County.

The vendor is to provide all manpower, materials, supplies, postage, office space, telephones, internet access (if used), and all other sundries to successfully complete the contract.

The review shall not include employees and retirees that are not participating in health care, dental or optical plans as of a mutually agreed end date. Macomb County will provide an employee, retiree and participant health care file to the vendor. Enrollments after the end date shall be the responsibility of Macomb County to verify eligibility.

The successful vendor will provide a report identifying every participant that should be removed or added to a health care plan and the source documentation for the decision.

Macomb County will provide electronic enrollment information from its in-house data base in a mutually agreed upon format. Macomb County will work with the successful candidate to obtain information from our health care providers.

A separate HIPAA agreement will be required for this contract.

All private health care information, if transmitted electronically, will be done as set forth in HIPAA regulations.

The successful vendor is expected to possess and thoroughly review Macomb County contracts, collective bargaining agreements, Retiree Medical Plan, Personnel Manual, provider contracts and any other relevant document on health care eligibility for Macomb County spouses and dependents. It is understood by both parties that other sources such as grievance arbitrations, legal decisions and practices exist that may impact coverage. Macomb County will provide resource personnel to transmit/discuss the decisions arising from these sources.

Special Additional Scope of Services

A special eligibility review is to be conducted under the gainful employment rules of the County for retirees. Each retiree and spouse is to be researched for employment after retirement to verify other employment and potential health care coverage through that employer. Retirees having health care insurance provided* by the current employer are not eligible for County health care or the bonus. *Provided means the health care premium is paid 100% by the current employer regardless of the health care plan quality.

Macomb County Background

Macomb County operates in a union environment with 27 local unions located in Macomb and St. Clair Counties.

Employees

Employees are eligible for health care through Federal or state law, County policy as set forth in the Personnel Manual or collective bargaining agreement. The contracts with each respective health care insurer or third party administrator may clarify specific eligibility rules. Employees may have opted out of County sponsored health care as set forth in policy, collective bargaining agreement or personal reasons.

Projected 2008 Enrollment

Number of FT employees: 2,480

Number of PT employees: 450

Number of Contracts in BCT:

Single: 30

E +1: 30

Family: 10

Number of Contracts in BCPPO:

Single: 470

E+1: 500

Family: 600

BCBSM Vision Only

Single: 60

E+ 1: 130

Family: 100

Number of Contracts in BCN:

Single: 40

E+1: 50

Family: 90

Number of Contracts in HAP:

Single: 110

E+1: 140

Family: 260

Number of employees in Bonus: 130

Approximately 100 employees in the bonus have optical and dental contracts.

The dental and optical plan participation will generally follow health care enrollment except for the bonus participants.

Overall number of dependents: 2,260

Overall number of spouse: 1,600

Retirees

Retirees are eligible for health care through Federal or state law, County policy as set forth in the Personnel Manual, Retiree Medical Plan or collective bargaining agreement. The contracts with each respective health care insurer or third party administrator may clarify specific eligibility rules. Retirees may have opted out of County sponsored health care as set forth in policy, collective bargaining agreement or personal reasons. Other retirees or survivor beneficiaries may be eligible or ineligible for County health care as set forth in the Retiree Medical Plan. Others may be ineligible for County Health care since they retired prior to the benefit being granted to retirees of the County.

The retiree, spouse and dependents may be ineligible for health care under the gainful employment rules of the County.

Projected 2008 Enrollment

Number of Retirees: 1,720 (2006 report)

Number of Contracts in BCT:

Single: 490

R+1: 370

Family: 10

Number of Contracts in BCPPO:

Single: 180

R+1: 220

Family: 10

Number of Contracts in BCN:

Single: 10
R+1: 15
Family: 5

Number of Retirees in HAP:

Single: 50
R+1: 30
Family: 60

Number of Retirees in the Bonus: 110

Approximately 40 retirees in the bonus have optical and dental contracts and are included in the counts above.

Retirees have the option, through a payroll deduction, of adding themselves and the spouse to an optical, dental and hearing aid plan(BCBSM). A hearing aid plan is included in HAP employer costs.

Overall number of retiree dependents: 65

Overall Number of retiree spouse: 680

Contract numbers for employees and retirees are based on the December 2007 or January 2008 statements received in December 2007 rounded to the nearest five and may change due to open enrollment, new hires and terminations. The spouse and dependent information was obtained in an internal report as of January 24, 2008 that may change daily.

Contracts may include individuals with Medicare

Part-time employees are eligible for health care coverage under specific collective bargaining agreements though few participate.

Types of Eligible Dependents

- Disabled child (adult child)under Act 275
- Family Continuation (Over age Dependent (full-time student))
- Legal child (natural, adopted, guardianship, step-child, court ordered)
- Sponsored Dependent (legal dependent)
- Spouse by legal Marriage
- Eligibility under the Retiree Medical Plan
- Legally separated spouse
- COBRA
- Voluntary premium payment plan

Healthcare Providers/TPA

Self funded - BCBSM Traditional and PPO

Fully insured HMO - BCN and HAP

Delta Dental (self funded) & Golden Dental (insured HMO)

Optical through BCBSM and HAP; SVS Vision (insured HMO)

Retiree Hearing Aid - HAP employer paid

BCBSM retiree paid

Currently, there is no in-house electronic enrollment capability.

Eligibility is maintained in-house manually and in a HR data base, and via vendor web portals keyed separately on each vendor's software.

There has not been a physical re-enrollment of eligibility.

Vendor Questionnaire

1. Provide an overview of your firm and its ownership/organizational structure, philosophy/culture and number of employees.
2. Describe the team of individuals who would be assigned to Macomb County. Indicate the role that each team member would play.
3. Please provide three (3) client references of comparable size and complexity, including contact information, that currently work with the individuals that would be assigned to Macomb County.
4. Describe your established processes and unique technologies which will enable your firm to deliver this service, including deliverables, in the time allotted.
5. Describe a reasonable implementation and contract completion timeline.
6. Describe your experience and capabilities in the area of employee communications and customer service.
7. Describe your fee arrangements and payment terms.
8. Identify necessary resources to be provided by Macomb County.
9. Identify your policies, procedures and practices to maintain all collected data in a secure manner (electronic or manual) to comply with HIPAA and professionally acceptable work methods to protect the information from identity theft and data loss.
10. Identify your confidentiality policy, procedures and practices to ensure private information is not (un)intentionally disclosed to unauthorized third parties.

Vendor Evaluation Criteria

With the data collected from the responses to the Questionnaire, the following criteria will also be used in determine your firm's qualifications. The order of the criteria does not indicate relative ranking.

1. Competence, technical expertise, and experience in performing eligibility audits.
2. Responsiveness of the vendor's proposal to the RFQ, including clarity and organization of response, ability to demonstrate and clearly present your firm's experience and approach in ensuring that the needs of Macomb County are fully met.
3. Finalist presentation to Macomb County review committee as established by Macomb County.

4. References.

5. Charges and Fees. Identify all charges to Macomb County and special fee structures.

6. Records security system and confidentiality policies, practices and procedures.

7. Any other factor that identifies a vendor as qualified to successfully complete the terms and conditions of the Macomb County proposal.

RECYCLABLE PAPER

RESOLUTION NO. _____

FULL BOARD MEETING DATE: _____

AGENDA ITEM: _____

MACOMB COUNTY, MICHIGAN

RESOLUTION TO review applications and determine method for applying exemptions
*see below

INTRODUCED BY: Kathy Vosburg, Chair, Ad Hoc Committee to Review Applications for Exemption
from Living Wage Policy

***At the 2-4-08 Ad Hoc Committee meeting, the following motion was approved:**

MOTION

A motion was made by Doherty, supported by Vosburg, to authorize an exemption from the Living Wage Policy for the providers listed on the attached sheet, to be effective as of the February Full Board meeting date and expiring when the contracts expire on September 30, 2009 and forward to the Finance Committee; also, to refer four providers to the Finance Committee, as listed on the attached sheet. **The Motion Carried.**

COMMITTEE/MEETING DATE

| | |
|---------|---------|
| Ad Hoc | 2-4-08 |
| Finance | 2-13-08 |

| <u>Group Name</u> | <u>Qualify for Exemption?</u> | <u>Note</u> |
|-----------------------------------------------------------------------------------------|-----------------------------------|-------------------------------------------|
| ExpertCare Management Services | Refer to Finance | Not a non-profit |
| Millennium Treatment Services, LLC | Refer to Finance | Not a non-profit |
| Natural Freedom | Refer to Finance | Not a non-profit |
| The Manor | Refer to Finance | Facility only houses (2) Macomb consumers |
| All-Ways Care | Yes | |
| Angels' Place | Yes | |
| Blue Water Developmental Housing | Yes | |
| Developmental Essential Services | Yes | |
| Lutheran Social Social Services of Michigan | Yes | |
| Michigan Share | Yes | |
| Sacred Heart Rehabilitation Center | Yes | |
| Progressive Residential/Comprehensive Services for the Developmentally Disabled Inc. | Yes | |

distributed
2-4-08

RECYCLABLE PAPER

RESOLUTION NO.

FULL BOARD MEETING DATE: _____

AGENDA ITEM: _____

MACOMB COUNTY, MICHIGAN

RESOLUTION TO: APPOINT THE LAW FIRM OF HARDY, LEWIS & PAGE , PC TO REPRESENT MACOMB COUNTY IN THE CASE OF JASON GLICK VS. MACOMB COUNTY, ET AL.

INTRODUCED BY: CHAIRPERSON BETTY SLINDE, FINANCE COMMITTEE

Plaintiff in this case is an individual who was arrested by deputies of the Macomb County Sheriff's Department on or about September 8, 2006 in the City of Mt. Clemens.

Mr. Glick has filed a lawsuit in Federal Court alleging, amongst other things, he was falsely arrested, falsely imprisoned, subject to intentional infliction of emotional distress that that his civil rights were violated pursuant to the Federal Civil Rights Statute in that he claims he was wrongfully assaulted by police offices and subject to unnecessary force.

He has named as Defendants the Sheriff Department and three individual officers.

The law firm of Hardy, Lewis & Page, PC has represented Macomb County in similar actions and is familiar with these types of actions.

Therefore it is recommendation of the Office of Corporation Counsel that the law firm of Hardy, Lewis & Page, PC, in particular Mr. Bob Nyovich, be appointed to represent the interest of the County in this pending litigation.

COMMITTEE/MEETING DATE

FINANCE – 2/13/08

RESOLUTION NO.

FULL BOARD MEETING DATE: _____

AGENDA ITEM: _____

MACOMB COUNTY, MICHIGAN

RESOLUTION TO: APPOINT THE LAW FIRM OF KITCH DRUTCHAS WAGNER
VALITUTTI & SHERBROOK TO REPRESENT MACOMB COUNTY AND THE PARKS
COMMISSION IN THE CASE OF DOUGLAS JOHNSON AND REV. GLORIA JOHNSON
VS. MACOMB COUNTY, ET AL.

INTRODUCED BY: CHAIRPERSON BETTY SLINDE, FINANCE COMMITTEE

The Plaintiffs in this case operated a flea market at the County Park from 1995 thru 2006. In 2007 the terms of the new contract were not able to be reached and therefore the flea market was not in operation. Plaintiffs filed this Complaint in Federal Court alleging numerous allegations including conspiracy to violate federal law, etc.

The Complaint that has been filed mirrors that which was filed in a lawsuit with Hillside Productions. As the Kitch firm is handling the lawsuit with Hillside and is very familiar with the operations of the County Park and the Complaint is similar, this case has been assigned to them for defense.

It is therefore the recommendation of the Office of Corporation Counsel that the law firm of Kitch Drutchas Wagner Valitutti & Sherbrook, in particular Mr. Thomas Esordi, be retained to represent the interest of the County Macomb and Macomb County Parks and Recreation Commission in this pending lawsuit.

COMMITTEE/MEETING DATE

FINANCE – 2/13/08

RESOLUTION NO.

FULL BOARD MEETING DATE: _____

AGENDA ITEM: _____

MACOMB COUNTY, MICHIGAN

RESOLUTION TO: APPOINT THE LAW FIRM OF PLUNKETTCOONEY, P.C. TO REPRESENT PHILIP ABDOO AND MACOMB COUNTY IN THE CASE OF JENNIFER MCCARTY, PERSONAL REPRESENTATIVE OF THE ESTATE OF GARY MCCARTY VS. PHILIP ABDOO, MACOMB COUNTY, ET AL.

INTRODUCED BY: CHAIRPERSON BETTY SLINDE, FINANCE COMMITTEE

Plaintiff in this case is the Estate of Gary McCarty who was shot by Clinton Township Police Officers on January 27, 2007 and has filed suit in Federal Court. The decedent was the subject of a pursuit after robbing a store. Upon stopping his vehicle, he exited with a gun in his hand, aimed it at the officers and was shot. Deputy Abdoo assisted the Clinton Township Officers but did not discharge his service revolver, he did taser the Defendant after he was shot. The Estate alleges that all the officers violated the deceased's civil rights and is seeking an unspecified amount of damages.

The law firm of PlunkettCooney, P.C. has represented Macomb County in similar cases and is familiar with these types of lawsuits.

It is recommendation of the Office of Corporation Counsel that the law firm of PlunkettCooney, P.C. be appointed to represent the interest of the County in this pending litigation.

COMMITTEE/MEETING DATE

FINANCE – 2/13/08

RECYCLABLE PAPER

Macomb County, Michigan
Conference/Employee Training Request

A0050

(Submit directly to the Finance Department at least 2 weeks prior to the date of the next Finance Committee meeting)

Requesting Department:

Board of Commissioners

Conference Title:

Mackinac Policy Conference

Sponsored by:

Detroit Regional Chamber

Conference Classification:

Professional

Employee Training

Conference Location:

Mackinac Island

Travel Begins:

5 / 28 / 08
Month Day Year

Travel Ends:

5 / 31 / 08
Month Day Year

Number of Persons Attending At County Expense:

Board Members

Staff Members

2
1

Total

3 0

ESTIMATED EXPENSES

Registration Fees:

Per Person
1190.00

Total
\$3570.00

Transportation:(1)

☐ County Vehicle

☐ Airplane

☒ Personal Vehicle

200
mileage @
.44 per mile

600.00

Lodging:

Begins: 5 / 28 / 08
Month Day Year

Ends: 5 / 31 / 08
Month Day Year

945

2835.00

Meals:(2)

included in Lodging

Miscellaneous:

Subtotal - Conference Expenses

0.00

0.00

Per Diems:(3)

Overtime:(4)

Total Estimated Expenses:

\$2335.00

\$7005.00

Department Head Signature

[Signature]

Date

2 / 12 / 08

1 Not to exceed cost of tourist class air fare

3 Not to exceed one day travel plus duration of the conference

2 Not to exceed authorize per day rate

4 Calculate cost of any overtime anticipated as a result of this request

(For Finance Department Use Only)

Budgetary Analysis

Department Budget

Less: Conference Expense Approved To Date

Other Department Requests in Process

This Request

2225.00

7005

17,219.00

9,230.00

Balance Available (Deficit)

7,989.00

To: Betty Slinde

Finance Committee

From:

William A. Crookman

Chairman

Date:

2/12/08

Subject:

Conference and Seminar Request

I herewith request that the following individual(s) be authorized to attend the conference/seminar, starting on 5/28/08

Mackinac Policy
Conference

Name

Classification

Dana Camphous-Peterson Commissioner

Kathy Vosburg Commissioner

Dave Diegel Director - Finance

The benefit to macomb County from attendance of the above-named individual(s) at this conference/seminar is detailed below:

| |
|------------------------------------------|
| |
|------------------------------------------|

Respectfully submitted,

Department

**MACOMB COUNTY
CONFERENCE/EMPLOYEE TRAINING REQUEST**

(Submit directly to Board of Commissioners Office at least one month preceding the date of the conference)

REQUESTING DEPARTMENT: Macomb County Community Services Agency
CONFERENCE TITLE: Annual early childhood Training & Conference
CONFERENCE SPONSORED BY: Michigan Head Start Association

RECEIVED

FEB 05 2008

CONFERENCE CLASSIFICATION: (circle one) Professional Conference

Employee Training **MACOMB COUNTY
FINANCE**

CONFERENCE LOCATION: Kalamazoo, Michigan

Wed. February 27, 2008

Friday, February 29, 2008

TRAVEL BEGINS

MONTH DAY YEAR

TRAVEL ENDS

MONTH DAY YEAR

NUMBER OF PERSONS ATTENDING AT COUNTY EXPENSE: 2

COMMISSION MEMBER
STAFF MEMBERS

ESTIMATED EXPENSES

PER PERSON

TOTAL

| | | | | |
|----------------------------------------------------------------------------------------------------------------|----|-----------------------|----------|---------------|
| REGISTRATION FEES | \$ | <u>175.00</u> | | <u>350.00</u> |
| TRANSPORTATION: COUNTY | | | PERSONAL | |
| <input type="checkbox"/> VEHICLE <input type="checkbox"/> AIRPLANE <input checked="" type="checkbox"/> VEHICLE | \$ | <u>152.64 Mileage</u> | | <u>152.64</u> |
| LODGING-BEGINS <u>2/27/08</u> | \$ | <u>2 nights</u> | | |
| Month Day Year ENDS <u>2/29/08</u> | | | | <u>207.90</u> |
| Month Day Year Month Day Year | \$ | | | |
| MEALS:..... | \$ | <u>41.50</u> | | <u>83.00</u> |
| MISCELLANEOUS EXPENSES:..... | \$ | <u>216.50</u> | | <u>793.54</u> |
| SUB TOTAL - CONFERENCE EXPENSES | \$ | | | |
| PER DIEM:..... | \$ | | \$ | |
| OVERTIME:..... | \$ | | \$ | |
| TOTAL ESTIMATED EXPENSE | \$ | <u>216.50</u> | | <u>793.54</u> |

SIGNATURE OF DEPARTMENT HEAD *Frank Taylor*

DATE 2/4/08

1 Not to exceed cost of tourist class air fare

2 Not to exceed \$____ per day

3 Not to exceed one day travel plus the duration of the conference

4 Calculate cost of any overtime anticipated as a result of the request

Fund No. 30389306 Org. No. 86325

GRANT FUNDS ONLY

(FOR FINANCE OFFICE USE ONLY)

Budgetary Analysis

Budgeted..... \$ 8806.

Less:

Conference Expenses Approved to Date \$ 1,235.

Other Department Requests in Process \$ -0-

This Request \$ 794.

BALANCE AVAILABLE (DEFICIT) Sub Total \$ 2,029.

\$ 6,777.

TO: Betty Slinde Chairman
Finance Committee Committee
FROM: Frank T. Taylor Director
Macomb County Community Services Agency Department
DATE: 2/4/08

SUBJECT: Conference and Seminar Request

I herewith request that the following individuals(s) be authorized to attend the
Annual Early Childhood Training & Conference Conference/seminar
starting on 2/27/08 Thru 2/29/08

| NAME | CLASSIFICATION |
|-------------------------|------------------------------------------------|
| <u>Kathleen Nicosia</u> | <u>Education Coordinator/Program Assistant</u> |
| <u>Roberta Wolschon</u> | <u>Education Specialist</u> |
| <u> </u> | <u> </u> |
| <u> </u> | <u> </u> |

(If more room is required, attach separate sheet)

The benefit to Macomb County from attendance of the above-named individual(s) at the conference/seminar is detailed below:

The Michigan Head Start Association presents quality information on Early Childhood issues relevant to our Head Start program. When staff attends trainings like children's health and wellness, using literacy activities to promote pro-social behavior, and patterning, sorting, numbering, and measuring, it provides staff key examples to implement the process in our office or classrooms. Also networking with Head Start directors is a key factor to insuring new Federal regulations are met and are done the right way. Key people from Region V, Chicago will be attending to provide one-on-one technical assistance with the New Risk Assessment Process, and what's new with the Head Start Reauthorization.

 Department Head
Macomb County Community Services Agency Department

MACOMB COUNTY
CONFERENCE/EMPLOYEE TRAINING REQUEST

ADDED

RECEIVED

FEB 12 2008

(Submit directly to Board of Commissioners Office at least one month preceding the date of the conference.)

MACOMB COUNTY
FINANCE

REQUESTING DEPARTMENT: MACOMB COUNTY DEPT. of HUMAN SERVICES

CONFERENCE TITLE: MCSSA Legislative Forum + Training Program

CONFERENCE SPONSORED BY: Michigan County Social Services Association

CONFERENCE CLASSIFICATION: (circle one) Professional Conference Employee Training

CONFERENCE LOCATION: Lansing, Michigan

TRAVEL BEGINS 3 4 08 TRAVEL ENDS 3 5 08
Month Day Year Month Day Year

NUMBER OF PERSONS ATTENDING AT COUNTY EXPENSE: 1 BOARD COMMISSION MEMBERS
STAFF MEMBERS

| ESTIMATED EXPENSES | PER PERSON | TOTAL |
|--------------------------------------------------------------------------------------------------------------------------------------------------|------------------|------------------|
| REGISTRATION FEES | \$ <u>150.00</u> | \$ <u>150.00</u> |
| TRANSPORTATION: ① <input type="checkbox"/> County Vehicle <input type="checkbox"/> Airplane <input checked="" type="checkbox"/> Personal Vehicle | \$ <u>90.24</u> | \$ <u>90.24</u> |
| LODGING-Begins <u>3</u> <u>4</u> <u>08</u> Ends <u>3</u> <u>5</u> <u>08</u> | \$ <u>115.16</u> | \$ <u>115.16</u> |
| Month Day Year Month Day Year | | |
| MEALS ② | \$ <u>31.00</u> | \$ <u>31.00</u> |
| MISCELLANEOUS EXPENSES | \$ <u>0</u> | \$ <u>0</u> |
| SUB TOTAL - CONFERENCE EXPENSES | \$ <u>386.40</u> | \$ <u>386.40</u> |
| PER DIEM ③ | \$ <u>35.00</u> | \$ <u>35.00</u> |
| OVERTIME ④ | \$ <u>0</u> | \$ <u>0</u> |
| TOTAL ESTIMATED EXPENSE. | \$ <u>421.40</u> | \$ <u>421.40</u> |

SIGNATURE OF DEPARTMENT HEAD [Signature] DATE 2-2-08

- 1 Not to exceed cost of tourist class air fare.
- 2 Not to exceed \$15³¹ per day.
- 3 Not to exceed one day travel plus the duration of the conference
- 4 Calculate cost of any overtime anticipated as a result of this request

DHS FUNDS

[Handwritten initials]

(FOR FINANCE OFFICE USE ONLY)
Budgetary Analysis

Budgeted \$ 3612.67
Less:

Conference Expenses Approved to Date \$ 0
Other Department Requests in Process \$ 0
This Request \$ 421.40

SUB TOTAL \$ 421.40

BALANCE AVAILABLE (DEFICIT) 3191.27

TO: Ms. Philis DeSaele, Chairman
Health Services, Committee

FROM: Angele Nicholas, Director
Macomb Dept. Human Services, Department

DATE: February 7, 2008

SUBJECT: Conference & Seminar Request

I herewith request that the following individual(s) be authorized to attend the
MCSSA Legislative Forum & Training Program conference/seminar
starting on March 4, 192008.

NAME

CLASSIFICATION

Roger Facione

Board Member, Chair

(If more room is required, attach separate sheet)

The benefit to Macomb County from attendance of the above-named individual(s) at the conference/seminar is detailed below:

For 2008, this forum and training offers an opportunity to speak one on one with county legislators regarding the future direction of state and federal public assistance programs. Attendees will have the opportunity to represent county residents with concerns and ideas to the association and state officials.

Respectfully submitted,

Angele Nicholas Director
Department Head

MACOMB DHS

Department

CONFERENCE/EMPLOYEE TRAINING REQUEST

(Submit directly to Board of Commissioners Office at least one month preceding the date of the conference.)

REQUESTING DEPARTMENT: MSU EXTENSION

CONFERENCE TITLE: 4-H CAPITOL EXPERIENCE

CONFERENCE SPONSORED BY: MICHIGAN 4-H

CONFERENCE CLASSIFICATION: (circle one) Professional Conference Employee Training

CONFERENCE LOCATION: LANSING MI

TRAVEL BEGINS 3 9 08 TRAVEL ENDS 3 12 08
Month Day Year Month Day Year

NUMBER OF PERSONS ATTENDING AT COUNTY EXPENSE: 1 COMMISSION MEMBERS
1 STAFF MEMBERS

| ESTIMATED EXPENSES | PER PERSON | TOTAL |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|---------------|---------------|
| REGISTRATION FEES | \$ <u>255</u> | \$ <u>255</u> |
| TRANSPORTATION: ① <input type="checkbox"/> County vehicle <input type="checkbox"/> Airplane <input checked="" type="checkbox"/> personal vehicle | \$ <u>116</u> | \$ <u>116</u> |
| LODGING-BEGINS: <u>3</u> <u>9</u> <u>08</u> Ends <u>3</u> <u>12</u> <u>08</u> Month Day Year Month Day Year | \$ | \$ |
| MEALS: ② | \$ <u>0</u> | \$ |
| MISCELLANEOUS EXPENSES: | \$ <u>0</u> | \$ |
| SUB TOTAL - CONFERENCE EXPENSES | \$ | \$ |
| PER DIEM: ③ | \$ <u>0</u> | \$ |
| OVERTIME: ④ | \$ <u>0</u> | \$ |
| TOTAL ESTIMATED EXPENSE | \$ | \$ <u>371</u> |

SIGNATURE OF DEPARTMENT HEAD KJ DATE 2/4/08

- 1 Not to exceed cost of tourist class air fare
- 2 Not to exceed \$___ per day
- 3 Not to exceed one day travel plus the duration of the conference
- 4 Calculate cost of any overtime anticipated as a result of the request 30873179/86300

(FOR FINANCE OFFICE USE ONLY) MSUE Grant - Youth Development
Budgetary Analysis

| | |
|--------------------------------------|------------------|
| Budgeted | \$ <u>2,000.</u> |
| Less: | |
| Conference Expenses Approved to Date | \$ <u>-0-</u> |
| Other Department Requests in Process | \$ <u>-0-</u> |
| This Request | \$ <u>371.</u> |
| Sub Total | \$ <u>371.</u> |
| BALANCE AVAILABLE (DEFICIT) | \$ <u>1,629.</u> |

TO: BETTY SLINDE, Chairman
FINANCE, Committee
FROM: MARILYN RUDZINSKI
MSU EXTENSION, Department
DATE: _____

SUBJECT: Conference & Seminar Request

I herewith request that the following individual(s) be authorized to attend the

Anne Crotser conference/seminar
starting on 3-9-08, 20__.

NAME

CLASSIFICATION

ANNE CROTSE

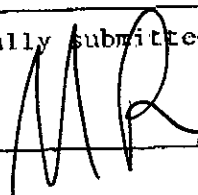
PROGRAM EDUCATOR

(If more room is required, attach separate sheet)

The benefit to Macomb County from attendance of the above-named individual(s) at the conference/seminar is detailed below:

Capitol Experience is a 3-day statewide 4-H Conference on citizenship and leadership designed to prepare youth to actively participate as citizens in a democracy. Youth from Macomb County will be attending this conference. As part of my duties as a 4-H educator, I am a member of the Capitol Experience Steering Committee, which is responsible for planning and implementing the program. I will be leading the Economic Issues group, helping youth who have chosen that topic to write a bill and conduct a legislative committee meeting, prior to participation in a mock legislative session. I will also be facilitating meetings between my Issue Group and representatives from state government and community services.

Respectfully submitted,



Department Head

Department

MACOMB COUNTY
CONFERENCE/EMPLOYEE TRAINING REQUEST

30873179-
86300

(Submit directly to Board of Commissioners Office at least one month preceding the date of the conference.

REQUESTING DEPARTMENT: MSOE

CONFERENCE TITLE: Americorps Site Supervisor Training

CONFERENCE SPONSORED BY: MSOE

CONFERENCE CLASSIFICATION: (circle one) Professional Conference Employee Training

CONFERENCE LOCATION: Cadillac, MI

TRAVEL BEGINS 3 - 18 - 08 TRAVEL ENDS 3 - 19 - 08
Month Day Year Month Day Year

NUMBER OF PERSONS ATTENDING AT COUNTY EXPENSE: _____ COMMISSION MEMBERS
_____ STAFF MEMBERS

| ESTIMATED EXPENSES | PER PERSON | TOTAL |
|--------------------------------------------------------------------------------------------------------------------------------|--------------|--------------|
| REGISTRATION FEES | \$ _____ | \$ _____ |
| TRANSPORTATION: ^① | | |
| <input checked="" type="checkbox"/> County vehicle <input type="checkbox"/> Airplane <input type="checkbox"/> personal vehicle | \$ _____ | \$ _____ |
| LODGING-BEGINS: <u>3 - 18 - 08</u> Ends <u>3 - 19 - 08</u> | \$ <u>90</u> | \$ <u>90</u> |
| Month Day Year Month Day Year | | |
| MEALS: ^② | \$ _____ | \$ _____ |
| MISCELLANEOUS EXPENSES: | \$ _____ | \$ _____ |
| SUB TOTAL - CONFERENCE EXPENSES | \$ _____ | \$ _____ |
| PER DIEM: ^③ | \$ _____ | \$ _____ |
| OVERTIME: ^④ | \$ _____ | \$ _____ |
| TOTAL ESTIMATED EXPENSE | \$ <u>90</u> | \$ <u>90</u> |

SIGNATURE OF DEPARTMENT HEAD Marilyn E. Rudzinski DATE 2-5-08

- 1 Not to exceed cost of tourist class air fare
- 2 Not to exceed \$ _____ per day
- 3 Not to exceed one day travel plus the duration of the conference
- 4 Calculate cost of any overtime anticipated as a result of the request 30873179/86300

(FOR FINANCE OFFICE USE ONLY) MSOE Grant - Fourth Development
Budgetary Analysis

Budgeted \$ 2,000.
Less:

Conference Expenses Approved to Date \$ -0-

Other Department Requests in Process \$ 371.

This Request \$ 90.

Sub Total \$ 461.

BALANCE AVAILABLE (DEFICIT) \$ 1,539.

TO: Betty Slindle, Chairman
Finance, Committee
FROM: Marilyn Rudzinski
MSUE, Department
DATE: 2-5-08

SUBJECT: Conference & Seminar Request

I herewith request that the following individual(s) be authorized to attend the

Americorps Training conference/seminar
starting on 3-18, 2008

NAME

CLASSIFICATION

Jan Gwozdz Program Coordinator

(If more room is required, attach separate sheet)

The benefit to Macomb County from attendance of the above-named individual(s) at the conference/seminar is detailed below:

This training is required for Americorps Site Supervisors. It will enable me, as supervisor, to better understand the requirements of Americorps members to expanding the Macomb county 4th Youth Mentor program.

Respectfully submitted,

Marilyn E Rudzinski Department Head
MSUE Department

MACOMB COUNTY
CONFERENCE/EMPLOYEE TRAINING REQUEST

(Submit directly to Board of Commissioners Office at least one month before the date of the conference.)

RECEIVED

REQUESTING DEPARTMENT: Planning & Economic Development FEB 05 2008

CONFERENCE TITLE: Trade Mission To China-Vietnam MACOMB COUNTY

CONFERENCE SPONSORED BY: Automation Alley FINANCE

CONFERENCE CLASSIFICATION: (circle one) Professional Conference Employee Training

CONFERENCE LOCATION: Beijing, China

TRAVEL BEGINS: 4 18 2008 2007 Travel Ends 4 26 2008
Month Day Year Month Day Year

NUMBER OF PERSONS ATTENDING AT COUNTY EXPENSE: 0 COMMISSION MEMBERS
2 STAFF MEMBERS

| ESTIMATED EXPENSES | PER PERSON | TOTAL |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|---------------------|
| REGISTRATIONS FEES <u>1</u> | \$ <u>7,995.00</u> | \$ <u>15,990.00</u> |
| TRANSPORTATION: <input type="checkbox"/> County Vehicle <input checked="" type="checkbox"/> Airplane <input checked="" type="checkbox"/> Personal Vehicle | \$ <u>225.00</u> | \$ <u>450.00</u> |
| LODGING: Begins <u>April 19, 2008</u> Ends <u>April 25, 2008</u> Month/Day/Year Month/Day/Year | \$ <u>-</u> | \$ <u>-</u> |
| MEALS | \$ <u>279.00</u> | \$ <u>558.00</u> |
| MISCELLANEOUS EXPENSES | \$ <u>600.00</u> | \$ <u>1,200.00</u> |
| SUB TOTAL - CONFERENCE EXPENSES | \$ <u>9,099.00</u> | \$ <u>18,198.00</u> |
| <u>3</u> PER DIEM | \$ <u>-</u> | \$ <u>-</u> |
| <u>4</u> OVERTIME | \$ <u>-</u> | \$ <u>-</u> |
| TOTAL ESTIMATED EXPENSE | \$ <u>9,099.00</u> | \$ <u>18,198.00</u> |
| SIGNATURE OF DEPARTMENT HEAD <u>[Signature]</u> | DATE <u>2/3/2008</u> | |

- 1 Not to exceed cost of tourist class air fare
- 2 Not to exceed \$ 15 per day
- 3 Not to exceed one day travel plus the duration of the conference
- 4 Calculate cost of any overtime anticipated as a result of this request

(FOR FINANCE OFFICE USE ONLY)
Budgetary Analysis

10/80130/86107 P.E.D.

| | | |
|--------------------------------------|-------------------|-------------------|
| Budgeted | | \$ <u>50,000.</u> |
| Less: | | |
| Conference Expenses Approved to Date | \$ <u>-0-</u> | |
| Other Department Requests in Process | \$ <u>-0-</u> | |
| This Request | \$ <u>18,198.</u> | |
| | SUB TOTAL | \$ <u>18,198.</u> |
| BALANCE AVAILABLE (DEFICIT) | | \$ <u>31,802.</u> |

TO: Elizabeth Slinde, Chairman
Finance, Committee
FROM: Stephen N. Cassin, Executive Director
Planning & Economic Development, Department
DATE: February 3, 2008
month/date/year

SUBJECT: Conference & Seminar Request

I herewith request that the following individual (s) be authorized to attend the
Trade Mission To China-Vietnam conference/seminar

starting on April 18, 2008
month/date/year

NAME

Robert Tess
Don Morandini

CLASSIFICATION

Manager, Economic Development Services
Deputy Director

(If more room is required, attach separate sheet)

The benefit to Macomb County from attendance of the above-named individual (s) at the conference/seminar is detailed below:

Automation Alley's International Business Center is hosting a trade mission to China, a market of 1.3 billion consumers that have a strong demand for American-made products, services and technologies. Chinese automotive enterprises are looking to expand in Southeast Michigan to tap into our R&D expertise, global brands and distribution networks. Staff will also be participating in Auto China 2008, China's leading automotive trade show that attracts more than 500,000 attendees. The mission will also visit Vietnam, Asia's second fastest-growing economy.

Respectfully Submitted,


Planning & Economic Development Department

(Submit directly to Board of Commissioners Office at least one month preceding the date of the conference.)

FEB 05 2008

~~MAGNONS COUNTY~~
FINANCE

1 Not to exceed cost of tourist class air fare
2 Not to exceed \$ 15 per day
3 Not to exceed one day travel plus the duration of the conference
4 Calculate cost of any overtime anticipated as a result of this request

ADD 36180160/86300

| | | | |
|--------------------------------------|----|----------------------|-----------------------------------|
| Budgeted | | | \$ 10,000. |
| Less: | | | |
| Conference Expenses Approved to Date | \$ | <u> - 0 - </u> | |
| Other Department Requests in Process | \$ | <u> - 0 - </u> | |
| This Request | \$ | <u> 1945. </u> | |
| | | | SUB TOTAL \$ <u> 1945. </u> |
| BALANCE AVAILABLE (DEFICIT) ----- | | | \$ <u> 8,055. </u> |

TO: Betty Slinde, Chairman
Finance, Committee

FROM: STEPHEN N. CASSIN, EXECUTIVE DIRECTOR
PLANNING & ECONOMIC DEVELOPMENT, Department

DATE: February 4, 2008
month/date/year

starting on May 28, 2008
month/date/year

NAME

STEPHEN N. CASSIN

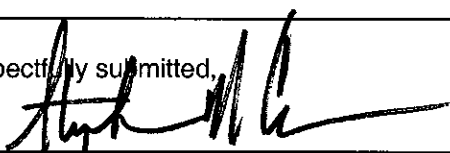
CLASSIFICATION

EXECUTIVE DIRECTOR

(If more room is required, attach separate sheet)

Conference will focus on economic development issues that are critical to our State and region.

Respectfully submitted,


STEPHEN N. CASSIN, EXECUTIVE DIRECTOR
Planning & Economic Development Department

Macomb County, Michigan
Conference/Employee Training Request

ADDED

(Submit directly to the Finance Department at least 2 weeks prior to the date of the next Finance Committee meeting)

Requesting Department: Public Affairs

08 FEB -6 PM 2:05

Conference Title: Incident Command Course 300

Sponsored by: Urban Area Security Initiative

Conference Classification: Professional Employee Training

Conference Location: Sterling Hgts. MI

Travel Begins: Feb 11 2008
Month Day Year

Travel Ends: Feb 12 2008
Month Day Year

Number of Persons Attending At County Expense: Board Members _____
Staff Members _____
Total 1

ESTIMATED EXPENSES

| | | | | Per Person | Total |
|--------------------------------|-----------------------------------------|-----------------------------------|------------------------------------------------------|------------|-------|
| Registration Fees: | | | | \$ - | \$ - |
| Transportation:(1) | <input type="checkbox"/> County Vehicle | <input type="checkbox"/> Airplane | <input checked="" type="checkbox"/> Personal Vehicle | 0.00 | - |
| Lodging: | Begins: _____ Month Day Year | | | | |
| | Ends: _____ Month Day Year | | | 0.00 | - |
| Meals:(2) | | | | 0.00 | - |
| Miscellaneous:..Parking | | | | 0.00 | - |
| Subtotal - Conference Expenses | | | | 0.00 | 0.00 |
| Per Diems:(3) | | | | | - |
| Overtime:(4) | | | | | - |
| Total Estimated Expenses: | | | | \$ - | \$ - |

Department Head Signature

Philip France

Date

2/6/08

- 1 Not to exceed cost of tourist class air fare
3 Not to exceed one day travel plus duration of the conference

- 2 Not to exceed authorize per day rate
4 Calculate cost of any overtime anticipated as a result of this request

(For Finance Department Use Only)
Budgetary Analysis

Department Budget

Less: Conference Expense Approved To Date
Other Department Requests in Process
This Request

Balance Available (Deficit)

To: Betty Slinde

Finance Committee

From: Phil Frame

Director

Date: February 5, 2008

Subject: Conference and Seminar Request

I herewith request that the following individual(s) be authorized to attend the Incident Command Course 300
conference/seminar, starting on _____

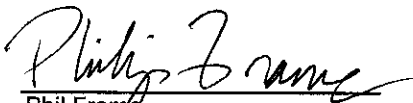
| <u>Name</u> | <u>Classification</u> |
|-------------------|-----------------------|
| <u>Phil Frame</u> | <u>Director</u> |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

The benefit to Macomb County from attendance of the above-named individual(s) at this conference/seminar is detailed below:

Per a Presidential Directive certain personnel within government organizations are required to attend National Incident Management course up to and including selected members of the government agencies in order to adequately prepare and respond to emergency events.

PLEASE NOTE THAT THERE IS NO COST TO THE COUNTY FOR THIS COURSE - ALL COSTS ARE PAID FOR BY THE Urban Area Security Initiative Grant Funding Program. This program was initiated by the Federal Government, and is maintained in are region through the State of Michigan

Respectfully submitted,



Phil Frame
Director of Public Affairs

Macomb County, Michigan
Conference/Employee Training Request

ADDED

(Submit directly to the Finance Department at least 2 weeks prior to the date of the next Finance Committee meeting)

Requesting Department: Public Affairs

08 FEB -6 PM 2:05

Conference Title: Incident Command Course 400

Sponsored by: Urban Area Security Initiative

Conference Classification: Professional Employee Training

Conference Location: Madison Hgts. MI

| | | | | | | | |
|----------------|-------|-----|------|--------------|-------|-----|------|
| Travel Begins: | Feb | 28 | 2008 | Travel Ends: | Feb | 29 | 2008 |
| | Month | Day | Year | | Month | Day | Year |

| | | | |
|------------------------------------------------|---------------|----------|--|
| Number of Persons Attending At County Expense: | Board Members | <u>1</u> | |
| | Staff Members | <u>1</u> | |
| | Total | <u>1</u> | |

ESTIMATED EXPENSES

| | Per Person | Total |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-------|
| Registration Fees:..... | \$ - | \$ - |
| Transportation:(1) <input type="checkbox"/> County Vehicle <input type="checkbox"/> Airplane <input checked="" type="checkbox"/> Personal Vehicle | 0.00 | - |
| Lodging: Begins: _____ <div style="display: flex; justify-content: space-around; width: 100%;"> Month Day Year </div> Ends: _____ <div style="display: flex; justify-content: space-around; width: 100%;"> Month Day Year </div> | 0.00 | - |
| Meals:(2)..... | 0.00 | - |
| Miscellaneous:....Parking..... | 0.00 | - |
| Subtotal - Conference Expenses..... | 0.00 | 0.00 |
| Per Diems:(3)..... | | - |
| Overtime:(4)..... | | - |
| Total Estimated Expenses:..... | \$ - | \$ - |

Department Head Signature *Philip Z...* Date 2/6/08

- 1 Not to exceed cost of tourist class air fare
3 Not to exceed one day travel plus duration of the conference

- 2 Not to exceed authorize per day rate
4 Calculate cost of any overtime anticipated as a result of this request

(For Finance Department Use Only)
Budgetary Analysis

| | |
|-------------------------------------------|-----------------------------|
| Department Budget | |
| Less: Conference Expense Approved To Date | <u> </u> |
| Other Department Requests in Process | <u> </u> |
| This Request | <u> </u> |
| Balance Available (Deficit) | <u> </u> |

To: Betty Slinde

Finance Committee

From: Phil Frame
Director

Date: February 5, 2008

Subject: Conference and Seminar Request

I herewith request that the following individual(s) be authorized to attend the Incident Command Course 400
conference/seminar, starting on _____

| <u>Name</u> | <u>Classification</u> |
|-------------------|-----------------------|
| <u>Phil Frame</u> | <u>Director</u> |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

The benefit to Macomb County from attendance of the above-named individual(s) at this conference/seminar is detailed below:

Per a Presidential Directive certain personnel within government organizations are required to attend National Incident Management course up to and including selected members of the government agencies in order to adequately prepare and respond to emergency events.

PLEASE NOTE THAT THERE IS NO COST TO THE COUNTY FOR THIS COURSE - ALL COSTS ARE PAID FOR BY THE Urban Area Security Initiative Grant Funding Program. This program was initiated by the Federal Government. and is maintained in are region through the State of Michigan

Respectfully submitted,



Phil Frame
Director of Public Affairs

ADDED

Macomb County, Michigan
Conference/Employee Training Request

(Submit directly to the Finance Department at least 2 weeks prior to the date of the next Finance Committee meeting)

Requesting Department: Public Affairs

Conference Title: Incident Management Team Training

Sponsored by: Urban Area Security Initiative

Conference Classification: Professional Employee Training

Conference Location: Troy, MI

Travel Begins: Mar 3 2008 Travel Ends: Mar 8 2008
Month Day Year Month Day Year

Number of Persons Attending At County Expense: Board Members _____
Staff Members 1
Total 1

ESTIMATED EXPENSES

| | | Per Person | Total |
|-------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-------|
| | | \$ | \$ |
| Registration Fees:..... | | - | - |
| Transportation:(1) | <div style="display: inline-block; width: 100px; text-align: center;"> <input type="checkbox"/> County Vehicle </div> <div style="display: inline-block; width: 100px; text-align: center;"> <input type="checkbox"/> Airplane </div> <div style="display: inline-block; width: 100px; text-align: center;"> <input checked="" type="checkbox"/> Personal Vehicle </div> | 0.00 | - |
| Lodging: | Begins: _____ Month Day Year Ends: _____ Month Day Year | 0.00 | - |
| Meals:(2)..... | | 0.00 | - |
| Miscellaneous:..Parking..... | | 0.00 | - |
| Subtotal - Conference Expenses..... | | 0.00 | 0.00 |
| Per Diems:(3)..... | | | - |
| Overtime:(4)..... | | | - |
| Total Estimated Expenses:..... | | \$ - | \$ - |

Department Head Signature

Philip Tranne

Date

2/6/08

- 1 Not to exceed cost of tourist class air fare
3 Not to exceed one day travel plus duration of the conference

- 2 Not to exceed authorize per day rate
4 Calculate cost of any overtime anticipated as a result of this request

(For Finance Department Use Only)
Budgetary Analysis

Department Budget

Less: Conference Expense Approved To Date
Other Department Requests in Process
This Request

Balance Available (Deficit)

To: Betty Slinde

Finance Committee

From: Phil Frame

Director

Date: February 5, 2008

Subject: Conference and Seminar Request

I herewith request that the following individual(s) be authorized to attend the Incident Management Team Training
conference/seminar, starting on _____

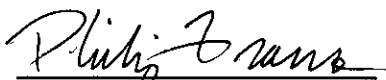
| <u>Name</u> | <u>Classification</u> |
|-------------------|-----------------------|
| <u>Phil Frame</u> | <u>Director</u> |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

The benefit to Macomb County from attendance of the above-named individual(s) at this conference/seminar is detailed below:

Per a Presidential Directive certain personnel within government organizations are required to attend National Incident Management course up to and including selected members of the government agencies in order to adequately prepare and respond to emergency events.

PLEASE NOTE THAT THERE IS NO COST TO THE COUNTY FOR THIS COURSE - ALL COSTS ARE PAID FOR BY THE Urban Area Security Initiative Grant Funding Program. This program was initiated by the Federal Government. and is maintained in are region through the State of Michigan

Respectfully submitted,



Phil Frame
Director of Public Affairs

Macomb County, Michigan
Conference/Employee Training Request

Jan 1-23-08
JR

(Submit directly to the Finance Department at least 2 weeks prior to the date of the next Finance Committee meeting)

Requesting Department: Macomb County Sheriff's Office
Conference Title: ICAC Undercover Chat Investigations
Sponsored by: Internet Crimes Against Children Task Force
Conference Classification: Professional Employee Training X
Conference Location: Boston, Mass.
Travel Begins: Mar 30 2008
Month Day Year

RECEIVED

JAN 28 2008

MACOMB COUNTY
FINANCE

Travel Ends: Apr 4 2008
Month Day Year

Number of Persons Attending At County Expense: Board Members 2
Staff Members _____
Total 2

ESTIMATED EXPENSES

| | Per Person | Total |
|----------------------------------------------------------------------------------|------------|--------|
| Registration Fees:...(PAID FOR)..... | \$0.00 | \$0.00 |
| Transportation:(1) <u>County Vehicle</u> <u>Airplane</u> <u>Personal Vehicle</u> | | |
| Lodging: (PAID FOR) Begins: _____ Month Day Year | | |
| Ends: _____ Month Day Year | | |
| Meals:(2) | | |
| Miscellaneous: | | |
| Subtotal - Conference Expenses..... | 0.00 | 0.00 |
| Per Diems:(3)..... | | - |
| Overtime:(4)..... | | - |
| Total Estimated Expenses:..... | \$0.00 | \$0.00 |

Department Head Signature

Undersheriff, K. Lagerquist

Date

1-23-08

- 1 Not to exceed cost of tourist class air fare
3 Not to exceed one day travel plus duration of the conference

- 2 Not to exceed authorize per day rate
4 Calculate cost of any overtime anticipated as a result of this request

(For Finance Department Use Only)
Budgetary Analysis

NO COST TO COUNTY

Department Budget

Less: Conference Expense Approved To Date
Other Department Requests in Process
This Request

Balance Available (Deficit)

To: Betty Slinde

Finance Committee

From: Mark A. Hackel

Sheriff

Date: January 22, 2008

Subject: Conference and Seminar Request

I herewith request that the following individual(s) be authorized to attend the ICAC Undercover Chat Investigations
conference/seminar, starting on March 31, 2008

| <u>Name</u> | <u>Classification</u> |
|----------------------------|-----------------------|
| <u>Keith Harvey</u> | <u>Deputy</u> |
| <u>Christian Kohlmeyer</u> | <u>Deputy</u> |
| <u></u> | <u></u> |
| <u></u> | <u></u> |
| <u></u> | <u></u> |

The benefit to macomb County from attendance of the above-named individual(s) at this conference/seminar is detailed below:

This training will provide the latest tools and techniques necessary to combat online child exploitation. This program involves a combination of online activities utilizing hands-on computer instruction by ICAC experts who routinely investigate and prosecute some of the nation's most complex and high-profile cases.

ALL EXPENSES ARE COVERED BY ICAC

Respectfully submitted,


Undersheriff, K. Lagerquist
Sheriff's Department



Memorandum

| | |
|-------|-----------------------------------------------------|
| To: | John Foster, Assistant Director of Finance |
| From: | Lt. Carolyn Marshall |
| Date: | January 16, 2008 |
| Re: | Collection, Documentation Footwear/Tire Track Evid. |
| | |

The Collection, Documentation Footwear / Tire Track Training is required training by the Macomb County Sheriff's Office.

This training provides the ability to locate, document, collect, and properly preserve this valuable form of impression evidence. This training also provides hands-on exercises and a working knowledge of proper photographic documentation techniques required to preserve the impression for future comparison and identification

If there are any questions please contact me at 307-9316.

RECEIVED

JAN 23 2008

MACOMB COUNTY
FINANCE

REGISTRATION FEES: Cost: \$ 400.00 Fund: MCOLES - 229-30551-95901

TRANSPORTATION:

Type: _____ Cost \$ n/a Fund: _____

LODGING: Cost \$ 251.22 GEN FUND

MEALS: Cost \$ 124.00 Fund: GEN FUND

Miscellaneous Expenses:

Type: FUEL Cost \$ 50.00 Fund: GEN FUND

Type: _____ Cost \$ n/a Fund: _____

Macomb County, Michigan
Conference/Employee Training Request

(Submit directly to the Finance Department at least 2 weeks prior to the date of the next Finance Committee meeting)

Requesting Department: Macomb County Sheriff's Office

Conference Title: Collection, Documentation Footwear/Tire

Sponsored by: Ron Smith & Associated

Conference Classification: Professional Employee Training X

Conference Location: Lansing, MI.

Travel Begins: June 8 2008 Travel Ends: June 11 2008
Month Day Year Month Day Year

Number of Persons Attending At County Expense: Board Members 1
Staff Members
Total 1

RECEIVED

JAN 23 2008

MACOMB COUNTY
FINANCE

ESTIMATED EXPENSES

| | Per Person | Total |
|---------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------|
| Registration Fees:..... | <u>\$400.00</u> | <u>\$400.00</u> |
| Transportation:(1) <input checked="" type="checkbox"/> County Vehicle <input type="checkbox"/> Airplane <input type="checkbox"/> Personal Vehicle | | |
| Lodging: Begins: <u>June 8 2008</u> Month Day Year | | |
| Ends: <u>June 10 2008</u> Month Day Year | <u>251.22</u> | <u>251.22</u> |
| Meals:(2) ...6/8 \$17, 6/9 \$31, 6/10 \$31, 6/11 \$14.00..... | <u>124.00</u> | <u>124.00</u> |
| Miscellaneous: Gas/Fuel..... | <u>50.00</u> | <u>50.00</u> |
| Subtotal - Conference Expenses..... | <u>825.22</u> | <u>825.22</u> |
| Per Diems:(3)..... | | <u>-</u> |
| Overtime:(4)..... | | <u>-</u> |
| Total Estimated Expenses:..... | <u>\$825.22</u> | <u>\$825.22</u> |

Department Head Signature

K. Lagerquist
Undersheriff, K. Lagerquist

Date

1-17-08

- 1 Not to exceed cost of tourist class air fare
3 Not to exceed one day travel plus duration of the conference

- 2 Not to exceed authorize per day rate
4 Calculate cost of any overtime anticipated as a result of this request

(For Finance Department Use Only)
Budgetary Analysis

Department Budget

Less: Conference Expense Approved To Date
Other Department Requests in Process
This Request

Balance Available (Deficit)

USK
Undersheriff, K. Lagerquist
Sheriff's Department



Memorandum

| | |
|-------|-----------------------------------------------------|
| To: | John Foster, Assistant Director of Finance |
| From: | Lt. Carolyn Marshall |
| Date: | January 28, 2008 |
| Re: | Fingerprint & Trace Evidence Detection & Collection |
| | |

The Fingerprint & Trace Evidence Detection & Collection is required training by the Macomb County Sheriff's Office.

This training covers the importance of examining homicide victims, the correct procedures for removal from crime scene, and the most successful methods for recovery and photography of valuable evidence

If there are any questions please contact me at 307-9316.

REGISTRATION FEES: Cost: \$ 600.00 Fund: MCOLES - 229-30551-95901

TRANSPORTATION:

Type: _____ Cost \$ n/a Fund: _____

LODGING: Cost \$ 334.96 GEN FUND

MEALS: Cost \$ 124.00 Fund: GEN FUND

Miscellaneous Expenses:

Type: FUEL Cost \$ 50.00 Fund: GEN FUND

Type: _____ Cost \$ n/a Fund: _____

61
1-23-08
JK✓

RECEIVED

JAN 28 2008

**MACOMB COUNTY
FINANCE**

| | | |
|------------------------------------------------|---------------|---|
| Number of Persons Attending At County Expense: | Board Members | 1 |
| | Staff Members | |
| | Total | 1 |

| | | | | | | |
|-------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|------|-------------------------------------|-------------------------------------|
| | | | | | <u>Per Person</u> | <u>Total</u> |
| Registration Fees:..... | | | | | \$600.00 | \$600.00 |
| Transportation:(1) | <div style="border: 1px solid black; width: 80px; height: 25px; display: inline-block;"></div> | <div style="border: 1px solid black; width: 80px; height: 25px; display: inline-block;"></div> | <div style="border: 1px solid black; width: 80px; height: 25px; display: inline-block;"></div> | | | |
| | County Vehicle | Airplane | Personal Vehicle | | | |
| Lodging: | Begins: | Oct | 6 | 2008 | | |
| | | Month | Day | Year | | |
| | Ends: | Oct | 10 | 2008 | 334.96 | 334.96 |
| | | Month | Day | Year | | |
| Meals:(2) ...10/6 \$17, 10/7 \$31, 10/8 \$31, 10/9 \$31 10/10 \$14..... | | | | | 124.00 | 124.00 |
| Miscellaneous: ...Fuel..... | | | | | 50.00 | 50.00 |
| Subtotal - Conference Expenses..... | | | | | 475.00 | 475.00 |
| Per Diems:(3)..... | | | | | | - |
| Overtime:(4)..... | | | | | | - |
| Total Estimated Expenses:..... | | | | | \$1,108.96 \$1,583.96 | \$1,108.96 \$1,583.96 |

2 Not to exceed authorize per day rate
4 Calculate cost of any overtime anticipated as a result of this request

Balance Available (Deficit)

To: Betty Slinde

Finance Committee

From: Mark A. Hackel

Sheriff

Date: January 22, 2008

Subject: Conference and Seminar Request

I herewith request that the following individual(s) be authorized to attend the Fingerprint & Trace Evid. Detection & Collect.
conference/seminar, starting on Oct. 7, 2008

| <u>Name</u> | <u>Classification</u> |
|----------------------|-----------------------|
| <u>Anthony Stone</u> | <u>Deputy</u> |
| <u></u> | <u></u> |
| <u></u> | <u></u> |
| <u></u> | <u></u> |
| <u></u> | <u></u> |

The benefit to macomb County from attendance of the above-named individual(s) at this conference/seminar is detailed below:

This training covers the importance of examining homicide victims, the correct procedures for removal from crime scene, and the most successful methods for recovery and photography of valuable evidence.

MCOLLES - 229-30551-95901 GEN FUND - 101

Respectfully submitted,

USK
Undersheriff, K. Lagerquist
Sheriff's Department

ADDED



Memorandum

| | |
|-------|--------------------------------------------|
| To: | John Foster, Assistant Director of Finance |
| From: | Lt. Carolyn Marshall |
| Date: | February 6, 2008 |
| Re: | Hostage Negotiations Phase I & II |
| | |

The Hostage Negotiations Phase I & II is required training by the Macomb County Sheriff's Office.

This training covers topics: Understanding the Crisis Team Structure, Dynamics of Negotiations, Value of Using Training Police Negotiators, Psychology in Hostage Negotiations, Team Concept, Communicating With People in Crisis, Dealing With The Media, Negotiator Stress, and Practical Hands-on Role Plays.

If there are any questions please contact me at 307-9316.

REGISTRATION FEES: Cost: \$ 495.00 Fund: MCOLES - 229-30551-95901

TRANSPORTATION:

Type: _____ Cost \$ n/a Fund: _____

LODGING: Cost \$ 331.50 GEN FUND

MEALS: Cost \$ 155.00 Fund: GEN FUND

Miscellaneous Expenses:

Type: FUEL Cost \$ 50.00 Fund: GEN FUND

Type: _____ Cost \$ n/a Fund: _____

2-6-08
60
ADDED

Macomb County, Michigan
Conference/Employee Training Request

(Submit directly to the Finance Department at least 2 weeks prior to the date of the next Finance Committee meeting)

Requesting Department: Macomb County Sheriff's Office

Conference Title: Hostage Negotiations Phase I & II

Sponsored by: Public Agency Training Council

Conference Classification: Professional Employee Training X

Conference Location: Mason, Mi.

RECEIVED

FEB 06 2008

MACOMB COUNTY
FINANCE

Travel Begins: Mar 2 2008 Travel Ends: Mar 7 2008
Month Day Year Month Day Year

Number of Persons Attending At County Expense: Board Members 1
Staff Members
Total 1

ESTIMATED EXPENSES

| | Per Person | Total |
|---------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|-------------------|
| Registration Fees:..... | <u>\$495.00</u> | <u>\$495.00</u> |
| Transportation:(1) <input checked="" type="checkbox"/> County Vehicle <input type="checkbox"/> Airplane <input type="checkbox"/> Personal Vehicle | <u> </u> | <u> </u> |
| Lodging: Begins: <u>Mar</u> <u>2</u> <u>2008</u> Month Day Year | | |
| Ends: <u>Mar</u> <u>7</u> <u>2008</u> Month Day Year | <u>331.50</u> | <u>331.50</u> |
| Meals:(2) ...3/2 \$17, 3/3 \$31, 3/4 \$31, 3/5 \$31, 3/6 \$31, 3/7 \$14..... | <u>155.00</u> | <u>155.00</u> |
| Miscellaneous:Fuel..... | <u>50.00</u> | <u>50.00</u> |
| Subtotal - Conference Expenses..... | <u>1,031.50</u> | <u>1,031.50</u> |
| Per Diems:(3)..... | <u> </u> | <u>-</u> |
| Overtime:(4)..... | <u> </u> | <u>-</u> |
| Total Estimated Expenses:..... | <u>\$1,031.50</u> | <u>\$1,031.50</u> |

Department Head Signature

Undersheriff, K. Lagerquist

Date

2-6-08

- 1 Not to exceed cost of tourist class air fare
3 Not to exceed one day travel plus duration of the conference

- 2 Not to exceed authorize per day rate
4 Calculate cost of any overtime anticipated as a result of this request

(For Finance Department Use Only)
Budgetary Analysis

Department Budget

Less: Conference Expense Approved To Date
Other Department Requests in Process
This Request

Balance Available (Deficit)

To: Betty Slinde

Finance Committee

From: Mark A. Hackel

Sheriff

Date: February 6, 2008

Subject: Conference and Seminar Request

I herewith request that the following individual(s) be authorized to attend the Hostage Negotiations Phase I & II
conference/seminar, starting on March 3, 2008

| <u>Name</u> | <u>Classification</u> |
|-------------------------|-----------------------|
| <u>Daniel Heythaler</u> | <u>Lt.</u> |
| <u></u> | <u></u> |
| <u></u> | <u></u> |
| <u></u> | <u></u> |
| <u></u> | <u></u> |

The benefit to macomb County from attendance of the above-named individual(s) at this conference/seminar is detailed below:

This training covers topics: Understanding the Crisis Team Structure, Dynamics of Negotiations, Value of Using Training Police Negotiators, Psychology in Hostage Negotiations, Team Concept, Communicating with people in Crisis, Dealing with the Media, Negotiator Stress, and Practical Hands-on Role Plays.

MCOLIS - 229-30551-95901 GEN FUND - 101

Respectfully submitted,

USK
Undersheriff, K. Lagerquist
Sheriff's Department